

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

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|-------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 1. CIR/DIST./DIV. CODE HIXHO | 2. PERSON REPRESENTED STUART SEUGASALA | | VOUCHER NUMBER | |
| 3. MAG. DKT./DEF. NUMBER | | 4. DIST. DKT./DEF. NUMBER 00-00106 HG & 01-00135 HG | 5. APPEALS DKT./DEF. NUMBER | 6. OTHER DKT. NUMBER |
| 7. IN CASE/MATTER OF (Case Name) USA V. STUART SEUGASALA | | 8. PAYMENT CATEGORY Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> X Other <input type="checkbox"/> Appeal | 9. TYPE PERSON REPRESENTED X Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other | 10. REPRESENTATION TYPE (See Instructions) |

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.

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| 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS RUSTAM BARBEE #5655 1188 BISHOP STREET, STE.2606 HON., HI 96813 | 13. COURT ORDER X O Appointing Counsel F Subs For Federal Defender P Subs For Panel Attorney | <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel |
| Telephone Number: (808) 524-4406 | Prior Attorney's Name: Appointment Dates: | <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) |
| Signature of Presiding Judicial Officer or By Order of the Court 5/22/08 Date of Order 5/22/08 Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

| CLAIM FOR SERVICES AND EXPENSES | | | FOR COURT USE ONLY | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------|---------------------------|----------------------------|
| CATEGORIES (Attach itemization of services with dates) | | HOURS CLAIMED | TOTAL AMOUNT CLAIMED | MATH/TECH. ADJUSTED HOURS | MATH/TECH. ADJUSTED AMOUNT |
| 15. In | a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets) | | | | |
| | (RATE PER HOUR = \$) | TOTALS: | | | |
| 16. Out of | a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and other work (Specify on additional sheets) | | | | |
| | (RATE PER HOUR = \$) | TOTALS: | | | |
| 17. | Travel Expenses (lodging, parking, meals, mileage, etc.) | | | | |
| 18. | Other Expenses (other than expert, transcripts, etc.) | | | | |
| GRAND TOTALS (CLAIMED AND ADJUSTED): | | | | | |
| 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____ | | | 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION | | 21. CASE DISPOSITION |
| 22. CLAIM STATUS. <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. | | | | | |

| APPROVED FOR PAYMENT — COURT USE ONLY | | | | |
|----------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|--------------------|----------------------------|
| 23. IN COURT COMP. | 24. OUT OF COURT COMP. | 25. TRAVEL EXPENSES | 26. OTHER EXPENSES | 27. TOTAL AMT. APPR./CERT. |
| 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER | | | DATE | 28a. JUDGE/MAG. JUDGE CODE |
| 29. IN COURT COMP. | 30. OUT OF COURT COMP. | 31. TRAVEL EXPENSES | 32. OTHER EXPENSES | 33. TOTAL AMT. APPROVED |
| 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. | | | DATE | 34a. JUDGE CODE |



UNITED STATES DISTRICT COURT

DISTRICT OF HAWAII
300 ALA MOANA BLVD. RM C-353
HONOLULU, HAWAII 96850

LESLIE E. KOBAYASHI
UNITED STATES MAGISTRATE JUDGE

TELEPHONE: (808) 541-1331
FAX: (808) 541-1386

May 22, 2008

Rustum Barbee, Esq.
1188 Bishop Street
Suite 2606
Honolulu, Hawaii 96813

Re: USA v. STUART SEUGASALA
CR NOS 00-00106 HG & 01-00135 HG

Dear Mr. Barbee:

Thank you for accepting the court's reappointment to represent Stuart Seugasala in the above-entitled matter.

Enclosed is your appointment voucher.

As a reminder, any withdrawal and substitution of counsel, whether the substitute counsel is a panel attorney or a retained attorney, must have the prior approval of this court.

Very truly yours,

Leslie E. Kobayashi
United States Magistrate Judge

LEK:sq

Enclosure